

# APPLICATION FOR PERMIT TO BUILD – ANDOVER, MA

PERMIT NO \_\_\_\_\_

## INSTRUCTIONS

PLANS MUST BE FILED AND APPROVED BY BUILDING DEPARTMENT  
ALL CONSTRUCTION MUST CONFORM TO MASSACHUSETTS STATE BUILDING CODE

****SITE INFORMATION****				****CONSTRUCTION INFORMATION****			
MAP NO:	LOT NO:	SUBDIV. LOT NO:	ZONING:	RESIDENTIAL <input type="checkbox"/>	COMMERCIAL / INDUSTRIAL <input type="checkbox"/>		
				PUBLIC BLDG. <input type="checkbox"/>	ACCESSORY <input type="checkbox"/>		
SITE ADDRESS:				NEW <input type="checkbox"/>	ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	
				DEMOLITION <input type="checkbox"/>	OTHER <input type="checkbox"/>		
PROJECT NAME / LOCATION:				WORK DESCRIPTION:			
****APPLICANT'S INFORMATION****							
OWNERS NAME:				ESTIMATED BLDG. COST – (VALUATION):			
OWNER ADDRESS:				CHIMNEY PERMIT: YES NO (Please Circle One)			
TELEPHONE:							
ARCHITECT'S NAME:				NUMBER OF DWELLING UNITS: NUMBER OF BUILDINGS:			
ARCHITECT'S ADDRESS:				(From State Building Code)			
TELEPHONE:				SQ. FT. _____ OCCUPANCY TYPE: _____ CONSTRUCTION TYPE: _____			
BUILDER'S NAME:				****WATER CONNECTION INFORMATION****			
ADDRESS:				NUMBER OF UNITS – SINGLE FAMILY / MULTI-FAMILY:			
TELEPHONE:							
CITY / TOWN:				COMMERCIAL SERVICE SIZE: 5/8 <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/>			
STRUCTURAL ENGINEER'S NAME:				If Over 3" Service – enter number of gallons per day:			
STRUCTURAL ENGINEER'S ADDRESS:				****MISCELLANEOUS PERMIT INFORMATION****			
TELEPHONE:				TENTS, CARNIVALS, ETC. (# OF UNITS) :			
DATE FILED				SIGNATURE OF OWNER OR AUTHORIZED AGENT			
				GRAVEL REMOVAL (CU YARDS):			
				RAZE STRUCTURE (GFA): MOVE STRUCTURE (GFA):			
CONTRACTOR'S REGISTRATION NUMBER				SUPERVISOR'S LICENSE NUMBER			
BOARD OF HEALTH – AUTHORIZED SIGNATURE				BOARD OF APPEALS DECISION NUMBER: _____			
DATE				ELECTRIC PERMIT NUMBER: _____			
FIRE PREVENTION – AUTHORIZED SIGNATURE				BOARD OF HEALTH PERMIT NUMBER: _____			
DATE				DESIGN ADVISORY APPROVAL: _____			
CONSERVATION – AUTHORIZED SIGNATURE				BALLARDVALE HISTORIC DISTRICT: YES NO			
DATE				HISTORIC : YES NO			
PLANNING BOARD – AUTHORIZED SIGNATURE				DEMOLITION DELAY BY-LAW: YES NO			
DATE				STOP WORK ORDER: YES NO			
PERMIT GRANTED BY:				REINSPECTION: YES NO			
INSPECTOR'S SIGNATURE				PERMIT FEE: _____ CK#: _____			
DATE							